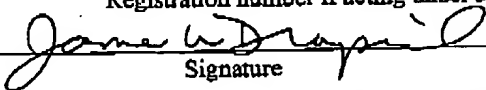


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 043978-010000	RECEIVED CENTRAL FAX CENTER OCT 11 2006
CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at (571) 273-8300 on <u>October 11, 2006</u> . Signature: _____ Name: <u>Linda Clikkenbeard</u>		In re Application of: <u>Thomas Lemmons</u> <hr/> Application Number: <u>09/935,873</u> Filed: <u>August 23, 2001</u> For: A SYSTEM AND METHOD FOR OPTIMIZING BROADCAST BANDWIDTH AND CONTENT <hr/> Group Art Unit: <u>2623</u> Examiner: <u>Chowdhury, Sumaiya A.</u>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) </div> <div style="width: 15%; text-align: right;"> \$ _____ \$ _____ \$ <u>1,020.00</u> \$ _____ \$ _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the above amount and any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3557</u>. </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Registration number if acting under 37 CFR 1.34(a) _____  _____ Signature _____ James W. Drapinski, Reg. No. 46,242 _____ Typed or printed name </div> <div style="width: 45%; text-align: right;"> Date <u>10/11/06</u> _____ (415) 984-8200 _____ Telephone Number </div> </div>			
<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			